

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(a) PROVIDER/SUPPLIER/CMA IDENTIFICATION NUMBER TN7569	(a) MULTIPLE CONSTRUCTION A. BURDERS 01 - MAIN B. WING	(b) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER/SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SIMIYRVA, TN 37197		
ID # PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PROVIDED BY FULL REGULATORY OR LC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCIES)	(b) COMPLETION DATE
N 832	<p>1200-8-6-08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings include:</p> <p>Observation on 11/1/10 at 12:00 p.m., revealed the main boiler tank was leaking water internally. Tennessee Department of Health 1200-08-08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.</p>	N 832	<p><u>Disclaimer for Plan of Correction</u></p> <p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Rutherford County of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Rutherford County files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/ Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p> <p><u>N832</u></p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p>(Continued on next page)</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORMTIME
3:00 PM
DATE
11-11-10
If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER TN7569	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. MAIN B. WING	(X3) DATE SURVEY COMPLETED 11/01/2010
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SNYDRA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 832	<p>1200-8-6-08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment</p> <p>The findings include:</p> <p>Observation on 11/1/10 at 12:30 p.m., revealed the main boiler tank was leaking water internally, Tennessee Department of Health 1200-08-08-08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/1/10.</p>	N-832	<p>Corrective Actions for Targeted Residents</p> <p>The cited leaking boiler tank was replaced by Holstead Plumbing on 11/2/10 with a new boiler tank that did not leak and was in compliance.</p> <p>Identification of Other Residents with Potential to be Affected</p> <p>Current residents have the potential to be affected.</p> <p>Systematic Changes</p> <p>The Maintenance Director's daily inspection log has been updated to include checking all boilers for proper functioning, including not leaking. The Maintenance Director will check the boilers daily to assure they are functioning properly and not leaking. Any concerns will be promptly addressed by the facility Maintenance Director.</p> <p>Monitoring</p> <p>Findings of the inspections will be reported by the Maintenance Director to the Performance Improvement Committee for review and recommendations, with follow-up by the Maintenance Director and Administrator. The Performance Improvement Committee meets monthly and consists of Administrator, Medical Director, Maintenance Director, Director of Nursing, MDS/Assessment Nurse, Clinical Records Director, Social Services Director, Activities Director, Dietary Manager, Human Resources, Business Office Manager, Pharmacy Consultant, and Housekeeping/Laundry Director.</p>	11/10/10

Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

3X6R21

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